

Kentucky Department for Environmental Protection  
Division of Waste Management  
Underground Storage Tank Branch  
300 Sower Boulevard – Frankfort KY 40601  
(502) 564-5981

FOR OFFICIAL USE ONLY –  
DO NOT WRITE IN THIS SPACE

**DRAFT**

### UST Annual Walkthrough Inspection

Date Form Completed		/ /			
<b>1. UST Facility Information</b>					
Agency Interest Number (AI)					
UST Facility Name					
UST Facility Physical Address		Street Address:			
		City:	County:	Zip Code: -	
<b>2. UST System Owner Information</b>					
UST System Owner Name					
UST System Owner Contact Information		Phone: ( ) -		Alternate Phone: ( ) -	
		Email:			
<b>3. Annual Inspection Checklist</b> (The monthly walkthrough inspection is part of the annual walkthrough inspection and should be completed at the time of the annual inspection)					
<b>Spill Prevention</b>				<b>Comments</b> (Problem, Solution or Repair)	
<b>Submersible Turbine Pump (STP) in Sump</b>	Any water or product removed & properly disposed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	Sumps are free of cracks, holes, bulges, or other defects	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	Sump lids, gaskets, & seals present & in good condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	Sump Sensors properly mounted at the bottom of the sump	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	Manway covers at grade in good condition, does not touch sump cover, all bolts present	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
<b>Other Tank-Top Sump</b>	Any water or product removed & properly disposed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	Sumps are free of cracks, holes, bulges, or other defects	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	Sump lids, gaskets, & seals present & in good condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	Manway covers at grade in good condition, does not touch sump cover, all bolts present	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
<b>All Other Sumps</b>	Any water or product removed & properly disposed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	Sumps are free of cracks, holes, bulges, or other defects	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	Sump lids, gasket, & seals present & in good condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	Manway covers at grade in good condition, does not touch sump cover, all bolts present	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
<b>Dispensers with Sumps</b>	Any water or product removed & properly disposed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	Sumps free of trash, debris, & used filters	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	Sumps are free of cracks, holes, bulges, or other defects	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	Penetration fittings intact & secured	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
<b>Release Detection</b>				<b>Comments</b> (Problem, Solution or Repair)	
<b>Tank Gauge Stick</b>	Tank gauge sticks can be clearly read & are not warped or broken	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

AI \_\_\_\_\_

**4. Certification**☐ Check here if the person completing the form is the same as the operator named in the Certification below.

<b>Name of Person Completing Form</b>		<b>Date Completed</b>	/ /
<b>Email</b>		<b>Phone Number</b>	( ) -

In accordance with 401 KAR 42:060, Section 1, confirmed or suspected releases, spills, and overfills, shall be reported immediately, in accordance with KRS 224.1-400(11), to the cabinet's 24-hour Emergency Response Line at (800) 928-2380 or (502) 564-2380.

I certify that I have personally examined and performed the walkthrough inspections as described above for this UST facility as established in 40 C.F.R. 280.36. I further certify that the information in this document is true, accurate and complete.

<b>Certification</b>	<i>Printed</i>		<b>Date</b>	/ /
	<i>Signature</i>			

Check appropriate box: ☐ UST Owner ☐ UST Operator ☐ Combined Class A Operator & Class B Operator

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email [DEP.KORA@ky.gov](mailto:DEP.KORA@ky.gov).